

County: Milwaukee
SILVER SPRING HEALTH/REHABILITATION
1300 WEST SILVER SPRING DRIVE

Facility ID: 8020

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MILWAUKEE 53209 Phone:(414) 228-8120
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 123
Total Licensed Bed Capacity (12/31/02): 135
Number of Residents on 12/31/02: 113

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 109

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		40.7
Supp. Home Care-Personal Care	No					More Than 4 Years		40.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.9	Under 65	22.1			18.6
Day Services	No	Mental Illness (Org./Psy)	23.9	65 - 74	19.5			-----
Respite Care	Yes	Mental Illness (Other)	2.7	75 - 84	28.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.9	85 - 94	25.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.9	95 & Over	4.4	Full-Time Equivalent		
Congregate Meals	No	Cancer	8.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	4.4		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	10.6	65 & Over	77.9	-----		
Transportation	Yes	Cerebrovascular	24.8		-----	RNs		7.7
Referral Service	Yes	Diabetes	1.8	Sex	%	LPNs		11.7
Other Services	No	Respiratory	2.7	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	18.6	Male	37.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	62.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
		Per Diem		Per Diem		Per Diem		Per Diem		Per Diem		Per Diem		Per Diem		Per Diem		Total Resi- dents	% Of All	
Level of Care	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)	No.	%	(\$)		
Int. Skilled Care	19	100.0	320	7	8.9	123	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	26	23.0
Skilled Care	0	0.0	0	69	87.3	106	0	0.0	0	6	100.0	168	6	100.0	106	3	100.0	210	84	74.3
Intermediate	---	---	---	3	3.8	89	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	2.7
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		79	100.0		0	0.0		6	100.0		6	100.0		3	100.0		113	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		Total			
			%	Assistance of	% Totally	Number of			
Private Home/No Home Health	5.0	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	1.8	62.8	35.4	113			
Other Nursing Homes	0.8	Dressing	9.7	53.1	37.2	113			
Acute Care Hospitals	93.4	Transferring	29.2	46.9	23.9	113			
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	18.6	57.5	23.9	113			
Rehabilitation Hospitals	0.0	Eating	63.7	19.5	16.8	113			
Other Locations	0.8	*****							
Total Number of Admissions	242	Continence		%	Special Treatments	%			
Percent Discharges To:		Indwelling Or External Catheter	8.8	Receiving Respiratory Care	1.8				
Private Home/No Home Health	18.2	Occ/Freq. Incontinent of Bladder	54.9	Receiving Tracheostomy Care	0.9				
Private Home/With Home Health	0.4	Occ/Freq. Incontinent of Bowel	56.6	Receiving Suctioning	0.9				
Other Nursing Homes	1.3			Receiving Ostomy Care	6.2				
Acute Care Hospitals	65.3	Mobility		Receiving Tube Feeding	13.3				
Psych. Hosp.-MR/DD Facilities	0.4	Physically Restrained	0.0	Receiving Mechanically Altered Diets	14.2				
Rehabilitation Hospitals	0.0								
Other Locations	2.1	Skin Care		Other Resident Characteristics					
Deaths	12.3	With Pressure Sores	14.2	Have Advance Directives	100.0				
Total Number of Discharges		With Rashes	0.0	Medications					
(Including Deaths)	236			Receiving Psychoactive Drugs	14.2				

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility	Ownership: Proprietary		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.7	81.9	1.00	88.6	0.92	84.2	0.97	85.1	0.96
Current Residents from In-County	99.1	83.1	1.19	85.4	1.16	85.3	1.16	76.6	1.29
Admissions from In-County, Still Residing	18.6	18.8	0.99	18.6	1.00	21.0	0.88	20.3	0.92
Admissions/Average Daily Census	222.0	182.0	1.22	203.0	1.09	153.9	1.44	133.4	1.66
Discharges/Average Daily Census	216.5	180.8	1.20	202.3	1.07	156.0	1.39	135.3	1.60
Discharges To Private Residence/Average Daily Census	40.4	69.3	0.58	76.5	0.53	56.3	0.72	56.6	0.71
Residents Receiving Skilled Care	97.3	93.0	1.05	93.5	1.04	91.6	1.06	86.3	1.13
Residents Aged 65 and Older	77.9	87.1	0.89	93.3	0.83	91.5	0.85	87.7	0.89
Title 19 (Medicaid) Funded Residents	69.9	66.2	1.06	57.0	1.23	60.8	1.15	67.5	1.04
Private Pay Funded Residents	5.3	13.9	0.38	24.7	0.21	23.4	0.23	21.0	0.25
Developmentally Disabled Residents	0.9	1.0	0.92	1.0	0.88	0.8	1.10	7.1	0.12
Mentally Ill Residents	26.5	30.2	0.88	28.5	0.93	32.8	0.81	33.3	0.80
General Medical Service Residents	18.6	23.4	0.79	28.9	0.64	23.3	0.80	20.5	0.91
Impaired ADL (Mean)	51.7	51.7	1.00	50.9	1.02	51.0	1.01	49.3	1.05
Psychological Problems	14.2	52.9	0.27	52.9	0.27	53.9	0.26	54.0	0.26
Nursing Care Required (Mean)	6.4	7.2	0.89	6.8	0.94	7.2	0.89	7.2	0.89